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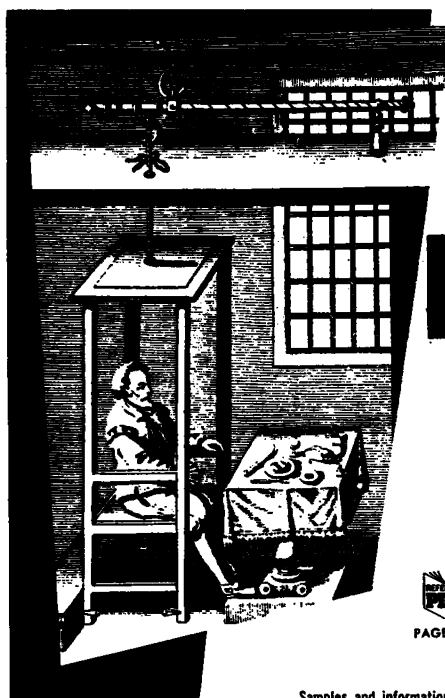
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### Loss of Memory Afflicts Thousands Each Year

If you ever encounter an amnesia victim, the best thing to do is to take him to the nearest hospital for immediate medical and psychiatric treatment.

This is the advice of Dr. Gloria Bentinck, clinical director of psychiatry at San Francisco Hospital, who treats 25 to 35 amnesia victims a year. She is quoted in an article in the July issue of *Today's Health*, published by the American Medical Association.

You should never try to treat a person with loss of memory yourself. The earlier he receives psychiatric care, the better, according to Dr. Bentinck.

The *Today's Health* article pointed out that amnesia is "more than a tired vehicle for grade B movies"; it is a frightening reality to thousands of persons each year.

Amnesia is the functional disturbance or loss of memory. It may be general, with complete loss of recall, or partial, with the forgetfulness of only certain ideas, names, words, events, people, and their associations.

It has been described as the "shell shock of civil life," the article said. It is frequently encountered on the battlefield, where soldiers see more horrors than they can bear to remember.

Unfeigned amnesia of psychic origin is not commonplace. When it comes, the malady usually disappears in a few days or a week, even without treatment. Frequently such victims can be hypnotized and made to relive incidents from their pasts which may offer clues to their identity.

One of the most severe forms is known as fugue, which almost always reflects the presence of a deep-seated psychoneurosis or a constitutional inability to face reality. However, even normally sound and well-adjusted persons—if the stress is sudden or reaches an unbearable degree—can take refuge in temporary amnesia, which does not always indicate immaturity or emotional inadequacy.

Amnesia can appear following physical damage to the brain. It may be a symptom of organic disease, such as tumors or abscesses in the head. Asphyxia may cause temporary forgetfulness, as may sedatives, anesthetics, and alcohol. The degenerative changes of old age may also produce amnesia.

Each year some 20,000 amnesia cases are reported by police, hospitals, and public welfare agencies, the article said. Of these, more than half may be faked or pretended. The term amnesia is used frequently to describe cases where persons, disappearing from their homes, later reappear and claim complete loss of memory for any events connected with the disappearance. It may be only an excuse or may be a way of finding relief from an unpleasant situation. But whatever the cause, the amnesia victim needs medical and psychiatric aid.

The article was written by Stanley S. Jacobs, San Francisco.

## Treatment Outlined for Esophageal Lye Burns

The serious consequences of swallowing lye can be prevented by the use of antibiotics and artificial hormones, two Delaware doctors have reported.

In fact, the treatment—combining tetracycline and prednisone—produced “uniformly good” results in 13 children who had swallowed lye-containing substances.

Lye, which burns the esophagus when swallowed, is the fifth leading cause of poisoning among those under 19 years of age, Drs. Charles L. Miller and

Robert O. Y. Warren, Wilmington, wrote in the July 25 issue of the *Journal of the American Medical Association*.

After the lye is swallowed, the esophagus becomes swollen and inflamed, which interferes with swallowing. This is followed by a period of normal swallowing until scar tissue gradually forms and obstructs the esophagus. Untreated, the esophagus completely closes and the patient dies of dehydration and starvation.

Until recently treatment consisted of surgery or the mechanical opening of the esophagus. Now the

(Continued on Page 38)

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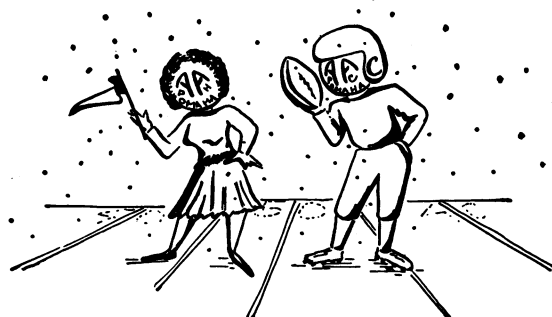
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## Treatment Outlined for Esophageal Lye Burns

(Continued from Page 18)

daily oral doses of antibiotics and steroids help heal the burns and prevent the development of scar tissue.

The antibiotic is used to prevent infection in the burned area. Prednisone, a derivative of cortisone, speeds healing through its effect on the glandular system, which controls the body's reaction to such stresses as burns.

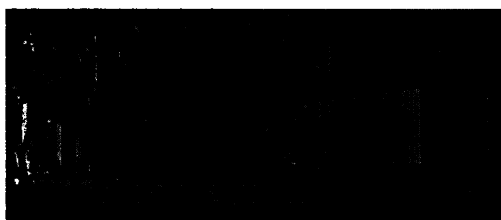
Feeding tubes were used for the first three days. After that the children ate soft diets for three weeks before returning to general diets. None of the 13 children showed any narrowing of the esophagus after treatment. Follow-ups three months to three

and a half years later also showed no subsequent narrowing.

In conclusion, the doctors stated, "Despite the fact that the more severe consequences of lye ingestion can be averted with proper and early treatment in most cases, it is still a serious problem.

"The real answer lies in the field of prevention, especially through dissemination to the public of information about the dangers inherent in leaving poisonous substances within the reach of children."

As Hippocrates stated, "It is more important to know what kind of a person has a disease than to know what kind of a disease a person has."—*Journal of Clinical and Experimental Hypnosis, Vol. VI, No. II, page 114.*



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## Myths About Pregnancy Explained, Refuted

If you eat ice cream, the baby inside you will catch cold.

If you want a boy, eat peanuts and alkalies; for a girl, eat sweets and acids.

If you have heartburn, the baby will have lots of hair.

These are just some of the old wives' tales that plague pregnant women. They exist because occasionally coincidence seemingly makes one come true, according to an article in the August issue of *Today's Health*, published by the American Medical Association.

Mrs. Joan S. Pollack, a University City, Missouri, mother pointed out that the major hazard in passing on such tales is that the pregnant woman seems to be especially imaginative. She is concerned with protecting her child and is only too likely to be scared by the myths.

Among the myths are:

—Broad-hipped women have easier deliveries than those with narrow hips. This belief can't hurt, Mrs. Pollack noted, even though it is the internal, not external, measurements that determine ease of delivery.

—If you eat lobster, you will mark the baby. To which, Mrs. Pollack replied, "If I drink milk, will my baby look like a cow?"

—The majority of markings are supposedly due to happenings late in pregnancy, yet the fetus is formed early in pregnancy.

Not only can a mother never mark her baby in a detrimental fashion, but she will only bore herself if she listens to piano recitals 10 hours a day in hopes of influencing her child to be a brilliant pianist, Mrs. Pollack noted.

—It is safer to be born in the seventh month than the eighth month of pregnancy. This stems from an ancient Greek belief that a baby tried to get out during the seventh month and if it was strong it succeeded. If it failed and tried again the next month, it would be so tired it would die of exhaustion.

The truth is that every day a baby remains inside the mother—up to the normal term—it gets stronger and healthier and more likely to survive.

—It is lucky for a baby to be born with a caul. The Roman midwives sold cauls for good luck to sailors and travelers. The caul is caused when the membranes surrounding the baby are abnormally tough and instead of rupturing, remain intact and are pulled down with the advancing head.

Several other myths about labor, refuted by Mrs. Pollack, are: the baby's head sinks to the pelvis at the dark of the moon; change of moon starts labor; girls make harder labor than boys; each person the



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mother talks to after labor starts prolongs the pains; if a woman has a large mouth, labor will be easy; mothers must not breathe deeply during labor since it holds the baby back.

### **Tranquilizer Effective in Controlling Tetanus Spasm**

Effective control of one form of tetanus spasm has been achieved with the use of a tranquilizing drug, according to a Chicago physician.

Dr. Meyer A. Perlstein said that meprobamate (Miltown) given intramuscularly is effective in controlling tetanus spasms created by the voluntary muscles. At the same time he reported that the drug has no effect on spasms created by the involuntary muscles.

His report appears in the August 15 issue of the *Journal of the American Medical Association*.

The physician said that in spite of the widespread use of tetanus toxoid in immunizing infants and army personnel, the disease is still prevalent in certain areas of the United States. He added that the disease is extremely common in India, Africa, the West Indies, and South America.

According to Dr. Perlstein, "The mortality and severity of tetanus of all types is closely related to the interval between the appearance of the first

symptom and the onset of spasms. The shorter this interval of onset, the worse is the prognosis."

These spasms, he said, involve all of the muscles of the body and are extremely painful since the patient is always conscious. They can be triggered by bright lights, noises, pinpricks, or skin pressure.

In the past, the spasms have been treated with barbiturates and similar drugs which act on the central nervous system. Dr. Perlstein said that these sedatives had many undesirable side effects and often left the patient in a "deep sleep," unable to communicate with hospital attendants.

Following the use of meprobamate on a group of tetanus patients admitted to the Cook County Hospital in Chicago, Dr. Perlstein reported that the drug not only controlled the spasms but had no undesirable side effects.

He said, "Meprobamate had a tranquilizing action which allayed apprehension and made the patient generally more calm and comfortable. Nursing was greatly simplified. The patients were conscious and communicative, could respond to simple commands, and could make their needs known."

Dr. Perlstein stated that the drug was usually effective within 10 to 15 minutes after administration and its effectiveness lasted from three to four hours. Meprobamate was more effective by injection than 10 times the dose given orally.

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## **Cold Foot May Indicate "Silent" Heart Attack**

Coldness of one foot suddenly occurring after an operation may be a sign of a "silent" heart attack, a New Jersey physician has stated.

The coldness is the result of a circulatory block in the leg, caused by a blood clot carried from the heart, Dr. Nathan Frank, Jersey City, said in the July 4 issue of the *Journal of the American Medical Association*.

Dr. Frank believes that some sudden postoperative deaths attributed to pulmonary embolism may actually be the result of silent myocardial infarctions.

Heart attacks after surgery for some other ail-

ment may pass unnoticed, Dr. Frank said, because the pain is thought to be associated with the surgery. Whenever a person suddenly develops a coldness of one foot 4 to 21 days after surgery, silent myocardial infarction should be considered as a cause.

In reporting three cases of cold foot following surgery, Dr. Frank said the syndrome had not been previously described. It is "of great clinical significance," because, if unrecognized, it may cause death, especially with the trend to early ambulation after surgery.

Dr. Frank recommended that patients be ques-

(Continued on Page 56)

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## **Pima Indians Found to Have Low Heart Disease Rate**

Even though they eat high-fat diets, few Pima Indians of southern Arizona develop heart disease, a new study has indicated. Two other Indian tribes—the Sioux and Navaho—have also been found to have low rates of arteriosclerotic heart disease in spite of high-fat diets.

These findings are in contrast to those among other population groups where a high-fat intake is proportional to a high rate of heart disease and the fat is believed to play a role in the development of the disease.

The Pima Indians' health problems were studied extensively by Dr. Frank G. Hesse, formerly with the United States Public Service Hospital in Sacaton, Arizona, and now with the State University of New York Upstate Medical Center, Syracuse, New York. The study showed that while the Pimas have a low heart disease rate, they have a high rate of gallbladder disease and a very low rate of peptic ulcer.

Writing in the August 8 issue of the *Journal of the American Medical Association*, Dr. Hesse said that during a two-year period there were three cases of myocardial infarction definitely diagnosed among the 2,688 Pimas who were above 15 years of age. Three others were suspected of having myocardial

infarctions, but one showed another heart condition on close examination and two died before a definite diagnosis was made.

The high rate of gallbladder disease and the low rates of heart disease and peptic ulcer (none was found in the two-year period) in a relatively inbred tribe is difficult to explain on the basis of the currently suspected causes of the diseases, Dr. Hesse commented.

This is especially true of the role of diet, which consisted mainly of beans, tortillas, coffee and hot chili peppers, with meat and vegetables eaten about once a week, and all food fried in lard. The diet is not thought to predispose to gallbladder disease, he said.

## **Cold Foot May Indicate "Silent" Heart Attack**

(Continued from Page 50)

tioned daily about the presence of pain and coldness in the foot and calf. In addition, all patients should be given an electrocardiographic examination before surgery to determine the presence of old myocardial infarctions. If they are present, precautions against the development of embolism can then be taken.

Dr. Frank is associated with the Jersey City Medical Center and Seton Hall College of Medicine and Dentistry.

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## New Drugs

Three promising new drugs for the treatment of circulatory system diseases were described in the July 11 issue of the *Journal of the American Medical Association*.

Two of the drugs are used in the treatment of high blood pressure, while the other is an anticoagulant, used to dissolve or prevent blood clots.

The anticoagulant is a new coumarin derivative with the trade name Liquamar. It is 10 to 25 times more active than bishydroxycoumarin, the parent substance, according to Drs. Herman Gold and George W. Lilley, Chester, Pennsylvania. The drug

has been intensively studied in Europe, but little has been done with it in the United States, the physicians said.

They gave Liquamar to 111 patients suffering from acute myocardial infarction, coronary insufficiency, acute phlebitis, and various other circulatory ailments with which blood clots are associated.

Slower clotting times of the blood were noted within 42 hours in 77 per cent of the patients. Only 3.6 per cent showed abnormal bleeding. The physicians concluded that Liquamar produces a satisfactory slowing of blood clotting during short-term treatment of blood-clotting disease states.

(Continued on Page 65)

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- other chronic respiratory disease with bronchospasm and wheezing

QUADRINAL tablets (7-1/2 grs. each)  
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"Phyllicin" . . . . .	2 grs. (120 mg.)
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**DOSAGE:** The usual dose of QUADRINAL is 1 tablet every three or four hours during the day and, if needed, another tablet upon retiring for relief during the night.

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**KNOLL PHARMACEUTICAL COMPANY**  
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## New Drugs

(Continued from Page 62)

Guanethidine, a "new, potent antihypertensive drug," was discussed by Drs. Irvine H. Page and Harriet P. Dusan, Cleveland Clinic. Its chemical structure and mechanisms of action differ from those of other agents used in the treatment of high blood pressure.

Experimental work in dogs indicated that guanethidine has a prolonged action. Treatment of 18 patients with high blood pressure showed that the drug has a rapid, but prolonged action, with mild diarrhea as the only side effect so far noted.

The other antihypertensive drug—hydrochlorothiazide—was described by Drs. Victor Vertes and Mervyn Sopher, Mount Sinai Hospital, Cleveland.

It is a relative of chlorothiazide, which was originally used as a diuretic and was then found to have blood pressure lowering properties.

The new drug was given to 10 patients with high blood pressure of unknown cause. It was effective in lowering the blood pressure of all patients, was well tolerated by all, and produced no adverse side effects.

The action of the drug may result from its ability to produce sodium and chloride loss by the body, thus maintaining the patient on a "low-salt diet" in spite of general food intake, the physicians said. It has been shown that severe sodium restriction

alone will lower blood pressure; however, it is impossible for a person to maintain a severe restriction outside the hospital. Such drugs as hydrochlorothiazide may help in this procedure.

## Eye Examination May Prevent Stroke

By checking the blood pressure of the eyes, one cause of stroke can be diagnosed even before the stroke occurs, according to a group of Boston physicians.

A common cause of paralytic stroke is the clogging of the internal carotid artery, which leads through the neck to the brain. If an obstruction, such as a blood clot, is found in the artery early enough, it can be removed by surgery or the use of clot-dissolving drugs, thus preventing a stroke.

Internal carotid artery insufficiency can be diagnosed by checking the blood pressure of the eyes. It is measured by a technique, called ophthalmodynamometry, which is described in the July 18 issue of the *Journal of the American Medical Association*.

The authors are Drs. J. Lawton Smith and David G. Cogan, Harvard University Medical School and Massachusetts Eye and Ear Infirmary, and Dr. Irving H. Zieper, Massachusetts General Hospital.

(Continued in Back Advertising Section, Page 74)

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# California M E D I C I N E

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Volume 91

SEPTEMBER 1959

Number 3

## Forensic Obstetrics

KEITH P. RUSSELL, M.D., Los Angeles

THE WORD *forensic* is derived from the Latin *forum*, for public place. Since the forum in ancient times was used for public discussion and debate, *forensic* has come to be applied to those matters subject to argument and debate. As used in obstetrics, the term is taken to mean principally "medicolegal" obstetrics; however, the meaning that that which is forensic in nature is subject to discussion should be retained. Although many lawyers and many courts would have us believe that certain rulings and decisions that have been handed down (as they pertain to medicine) are beyond debate, all physicians recognize that much of medical practice in the medicolegal sense is truly forensic in nature. Medicine is not an exact science—it is an art, dynamic and fluid in nature. Hence the law that is concerned with medicine can be no less static.

In recent years the practice of medicine has become increasingly influenced by the medicolegal considerations attendant upon the diagnosis and treatment of disease entities. Every patient seen by every physician carries potential legal action in some form—professional liability, disability evaluation, insurance eligibility and personal liability. It has been observed recently that 80 per cent of all current court actions require some type of medical testimony. The impact of the progressive awareness of these potentialities has altered the face and character of medical practice as it is carried on today.

Among the various social forces that have brought

• Some of the more important and current aspects of forensic obstetrics are, broadly,

1. Fulfillment of basic criteria in all cases of alleged traumatic abortion.

2. Utilization of therapeutic abortion review boards, as well as sterilization committees, in all hospitals, with the active support of such committees by all those physicians interested in advancing the art and practice of obstetrics.

3. Early and active joint study of professional liability problems by combined groups of physicians and lawyers in every community.

about these changes are the following ecologic factors:

1. Widespread lay publicity in recent years regarding medical subjects, surgical procedures and technical advances, as well as premature reports concerning research in progress.

2. Organized legal activity toward making the public aware of the personal and professional liability aspects of medical matters.

3. Increased application of the *res ipsa loquitur* doctrine ("the thing speaks for itself") in medical jurisprudence.

Subsidiary factors have also played a part—for example, an increased "insurance consciousness" on the part of the public, accelerated by the advent of compulsory motor-vehicle liability insurance and related trends.

In addition there has been a gradual deterioration in patient-practitioner relations, coincident with the increasing specialization in medicine which has

Chairman's Address: Presented before the Section on Obstetrics and Gynecology at the 88th Annual Session of the California Medical Association, San Francisco, February 22-25, 1959.



## EDITORIAL

### Seminars on Medico-Economic Problems

MUCH HAS BEEN WRITTEN and spoken about the fantastic advances in medical science in the past decade or so. Diseases that have been literally abolished are cited as evidence of how far medicine has come in a short time. Surgical procedures of pre-war days that are virtually unknown today are listed in support of the advances of the profession.

Coincidentally, medicine has been faced with an ever-growing complexity of programs and policies, laws and regulations, which interject their presence between the physician and the patient.

Just 20 years ago California Physicians' Service was set up as the first medically sponsored statewide program of voluntary health insurance. Today C.P.S. remains as the vanguard in an amazing development and growth of all forms of voluntary health care insurance. From so small a beginning has grown the entire commercial insurance industry in health and accident insurance, the group prepayment plans and the many other forms taken by various ventures into the field of paying while well, receiving when sick, for health care coverage.

Along with the growth of these voluntary ventures has come the entrance of government into the field of publicly sponsored health care programs. Led off by the Veterans' Administration with its Home Town Care Program for service-connected disabilities, other agencies have come into the medical care picture for the coverage of other groups of citizens.

Today we find programs for rehabilitation, vocational rehabilitation, crippled children, the aged needy, the blind and others, all sponsored by federal or state governments or both. The mentally ill, the migrant farm worker and the indigent receive care paid for by governmental agencies. On top of these, proposals are now before our legislative bodies to

define new groups who will receive the benefits from government-sponsored and financed medical care programs. Included in such groups are Social Security beneficiaries above the age of 65 years and the multitudinous employees of federal and state governments.

The physician today must not only keep up with the rapid advances in medical science; he must also stay abreast of the growing list of beneficiaries of government programs, if only to keep his own records straight and assure his receiving whatever fee is allowed for his services.

Obviously, this is no easy job. The busy doctor, who cannot find the time he would like to give to study of his own professional journals, certainly cannot be expected to study and digest the numerous rules, regulations and legal provisions surrounding each of the many governmental programs now written into the statutes or under discussion for possible future enactment.

It is at this point that medical organizations can perform a service in the field of communications. Such organizations can assign staff personnel to the study and digesting of the various programs and to putting them into a form in which they may be easily understood and followed by individual physicians.

Recent experience, following the introduction of some of the more recent government medical care plans, indicates that there has been a lag between the effective date of a new program and its assimilation by the profession. This was vividly demonstrated just two years ago in the introduction of joint federal-state programs for medical services to the needy aged, the needy blind and needy children. While much of the initial groping on these programs has disappeared, it seems apparent that other plans will emerge which will create a similar situation of lack of information followed by distrust.

As a means of bringing communications up to date on these and similar developments, the California

# California MEDICAL ASSOCIATION

## NOTICES & REPORTS

### Council Meeting Minutes

*Tentative Draft: Minutes of the 450th Meeting of the Council, San Francisco, Fairmont Hotel, June 27, 1959.*

The meeting was called to order by Chairman Lum in the San Francisco Room of the Fairmont Hotel, San Francisco, on Saturday, June 27, 1959, at 9:30 a.m.

#### Roll Call:

Present were President Reynolds, President-Elect Foster, Speaker Doyle, Secretary Hosmer, Editor Wilbur and Councilors MacLaggan, Wheeler, Todd, Quinn, O'Neill, Kirchner, O'Connor, Gifford, Davis, Sherman, Campbell, Lum, Bostick and Teall. Absent for cause, Vice-Speaker Heron and Councilors Shaw and Harrington.

A quorum present and acting.

Present by invitation were Messrs. Clancy, Whelan, Marvin, Edwards and Collins of C.M.A staff; Ben Read and Eugene Salisbury of the Public Health League of California; Messrs. Hassard and Huber, legal counsel; county executives Scheuber of Alameda-Contra Costa, Nute of San Diego, Geisert of Kern, Dochterman of Sacramento, Bannister of Orange, Pettis and Field of Los Angeles, Wood of San Mateo, Donovan of Santa Clara, Brayer of Riverside, and Thompson of San Joaquin; Doctor Marshall Porter, State Department of Mental Hygiene; Doctor John Keye, Medical Director of the State Department of Social Welfare; William Rogers of the California Academy of General Practice; Doctor Larson, Mr. Paolini and Mr. Lyon of California Physicians' Service; and Doctors Dan O. Kilroy, Francis J. Cox and H. Dean Hoskins.

#### 1. Minutes for Approval:

On motion duly made and seconded, minutes of the 449th meeting of the Council held May 9, 1959, were approved.

#### 2. Membership:

(a) A report of membership as of June 25, 1959, was presented and ordered filed.

(b) On motion duly made and seconded, 2060 delinquent members whose dues had been received since May 9, 1959, were reinstated.

(c) On motion duly made and seconded in each instance, six applicants were voted Retired Membership. These were: Robert M. Furlong, Marin County; George B. Bormann, Waldo R. Oechsli, Los Angeles County; R. Stanton Sherman, San Francisco County; Earl C. Kading, San Mateo County; Louis W. Achenbach, Ventura County.

(d) On motion duly made and seconded in each instance, 29 applicants were voted Associate Membership. These were: Robert D. Bright, Roland F. Marks, M. Hunter Smith, Alameda-Contra Costa County; Claude Carter, Donald Casad, Mervyn S. Schwartz, Kean Westphal, Fresno County; Onn Tsai Chan, Alice L. Garrett, Antoinette A. Gomes, William Aubrey Gore, Charles V. Johnson, Barbara Evans Kovats, Margaret M. McCarron, Turner Wm. Payne, Milton G. Crane, Rollin K. McCombs, Robert M. Nakamura, Los Angeles County; Harold V. Dwyer, Margaret Godfrey, Napa County; M. B. Perkins, Orange County; Merritt D. Moon, Sacramento County; Ethel A. Chapman, San Bernardino County; Harold F. Behneman, San Diego County; Everett H. Dickenson, Robert Eisenberg, Emily Koeniger, San Francisco County; Kenneth E. Cole, San Luis Obispo County; Robert H. Noce, Stanislaus County.

T. ERIC REYNOLDS, M.D. . . . . President  
PAUL D. FOSTER, M.D. . . . . President-Elect  
JAMES C. DOYLE, M.D. . . . . Speaker  
IVAN C. HERON, M.D. . . . . Vice-Speaker  
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MATTHEW N. HOSMER, M.D. . . . . Secretary  
DWIGHT L. WILBUR, M.D. . . . . Editor  
HOWARD HASSARD . . . . . Executive Director  
JOHN HUNTON . . . . . Executive Secretary  
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# APPLICATION FOR HOUSING ACCOMMODATIONS

FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the **California Medical Association**, February 21\*-24, 1960, Los Angeles, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, your chance of securing accommodations of your choice will be better if your request calls for rooms to be occupied by two or more persons. **All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure; also names and addresses of all occupants of hotel rooms must be included.**

## Eighty-ninth Annual Session CALIFORNIA MEDICAL ASSOCIATION Los Angeles, California FEBRUARY 21\*-24, 1960

### HOTEL ROOM RATES<sup>†</sup>

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Garden Studios.....	18.00-28.00	22.00-32.00	44.00-58.00
<b>CHAPMAN PARK HOTEL</b>			
3405 Wilshire Boulevard....	9.00-10.00	14.00	20.00
Bungalows.....		16.00	25.00-40.00
<b>THE GAYLORD HOTEL</b>			
3355 Wilshire Boulevard....		12.50	18.00
<b>HOTEL CHANCELLOR</b>			
3191 West Seventh Street..	9.00	12.00	
<b>SHERATON-WEST</b> (formerly Sheraton-Town House)			
2961 Wilshire Boulevard....	12.50-18.00	17.50-23.00	34.00

**ALL RESERVATIONS MUST BE RECEIVED BEFORE: FEBRUARY 1, 1960**

\*February 20: House of Delegates will start with evening meeting Saturday, February 20.

†The above quoted rates are existing rates but are subject to any change which may be made in the future.

#### CALIFORNIA MEDICAL ASSOCIATION

450 Sutter Street—Room 2000

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Please reserve the following accommodations for the 89th Annual Session of the California Medical Association, in Los Angeles February 21-24, 1960.

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ARRIVING AT HOTEL (date):..... Hour:..... A.M. .... P.M. } Hotel reservations will be held until  
Leaving (date):..... Hour:..... A.M. .... P.M. } 6:00 P.M., unless otherwise notified

THE NAME OF EACH HOTEL GUEST MUST BE LISTED. Therefore, please include the names of both persons for each twin-bedded room requested. Names and addresses of all persons for whom you are requesting reservations and who will occupy the rooms asked for:

Individual Requesting Reservations—Please print or type  
Name..... Officer?..... Delegate?..... Alternate?.....  
Address..... County.....  
City and State.....

## Hay Fever Season in Full Swing

Summer may be on the wane, but there's still plenty of grief in store for several million hay fever sufferers. This forecast is voiced in the August issue of *Today's Health*, published by the American Medical Association.

According to the article, the length of the hay fever season depends on the section of the country. East of the Mississippi three main seasons plague hay fever victims. In the early spring trees are active in spreading pollen. From the end of May until the middle of July numerous grasses fill the air with pollen. The most distressing season occurs from the beginning of August until the first frost. That's the period when those sensitive to ragweed pollen suffer their most agonizing moments. In the South and in California, pollen may be in the air nearly the year round, and the season may last from February until December, instead of two months as in the Northeastern states and Canada.

To cause hay fever a plant must fulfill two conditions. First, the pollen must be allergically active. Second, it must be plentiful, dry, and light, so it can be wind-blown.

While the weeks ahead don't look encouraging for hay fever sufferers, some hope was offered in available preventive measures. These include:

—Getting specific anti-hay fever shots from a doctor.

—Avoiding exposure to ragweed pollen by keeping away from areas where it is prevalent.

—Working and living in air-conditioned surroundings, if possible.

—Taking antihistaminic drugs to lessen the nasal and sinus congestion and to relieve itching.

Above all keep a dust free home during the height of the hay fever season.

The article was written by Howard Earle, Chicago.

## Eye Examination May Prevent Stroke

(Continued from Front Advertising Section, Page 65)

In the procedure, the eyes are first dilated and anesthetized. Pressure is applied to the eyeballs and blood pulsations are observed through the ophthalmoscope. The technique is rapid and safe, and is becoming increasingly important with the recent advent of more effective treatment of carotid artery insufficiency.

In addition to its use as a diagnostic procedure, the technique can be used to check the effectiveness of treatment for carotid artery obstructions.

It should be used as a diagnostic procedure whenever patients exhibit such early signs of carotid artery obstruction as transient partial blindness; dizziness or nausea on changing posture, or weakness of the limbs on one side of the body.

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## California Medical Association Medical Motion Pictures

Daytime Film Symposiums, like those that were so popular during the 1959 annual session, are being planned for the 1960 meeting. Evening film programs will be planned for doctors, their wives, nurses and ancillary personnel.

Authors wishing to show films should send their applications to Paul D. Foster, M.D., California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. All authors are urged to be present, as there will be time allotted for discussion and questions from the audience after each film.

Tentative plans are being made for Symposiums in the following fields:

1. Pediatrics
2. Diagnostic Features of Cancer
3. Emergencies in Medicine
4. Anesthesiology for General Use
5. New Advances in Medicine
6. New Methods in Surgery.

Films that would fit into programs in one of these fields would be especially appreciated.

*Deadline is October 1, 1959.*

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### Lightning Protection, First Aid Rules

Many lightning victims die needlessly because others hesitate to touch them, fearing their bodies are electrically charged. Actually, lightning current passes out of the body immediately and enters the ground. Prompt artificial respiration may save a victim whose breathing mechanism is paralyzed by the high-voltage current.

Other first aid tips for lightning victims, as well as rules for avoiding being struck by lightning, are listed in the August issue of *Today's Health*, published by the American Medical Association.

Lightning strikes the earth an average of more than eight million times a day during the course of 44,000 electrical storms. It kills about 500 Americans each year, and injures another 1,500. Nine out of 10 victims are hunters, sportsmen, vacationers, or farmers.

When a person is struck, he frequently experiences violently contracted muscles. This can be relieved by rubbing the limbs upward. A victim should not be allowed to become chilled. Burns, which often occur beneath metal objects such as coins carried by the victim, may need medical attention.

Lightning holds little danger if a person takes the following simple precautions, the article said:

—If you have any choice, choose a shelter in the following order: a large metal or metal-frame building; a building which is protected by proper rodding against lightning; a large, unprotected building; a small unprotected building.

—If you are in an isolated spot and have to remain outdoors, try to reach a ravine, ditch, cave, or other depression in the ground; a thick grove of trees; the foot of a cliff, or the inside of an automobile.

—As a last resort, lie flat on the ground.

—Avoid hilltops; isolated trees; riding a bike or a horse; towers, overhead wires, or outdoor clotheslines; wire fences; wide, open spaces such as pastures or golf courses; small, isolated sheds; small boats, water, beaches; tractors or plows; horses or cattle.

—Do not be the highest object in the area, since lightning tends to strike whatever is projecting highest from the ground in the immediate vicinity.

—Indoors, keep away from screen doors, fireplaces, metal objects and pipes projecting through the wall or roof, electric light circuits, open windows, electrical appliances, and objects that are grounded.

Being struck by lightning is like receiving an electric shock, the article said. Unless it is a severe shock, it need not be fatal. One Frenchman was struck five times and died in his old age of pneumonia.

Muriel Lederer, Winnetka, Illinois, wrote the article.

**CALIFORNIA MEDICINE**

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## Postgraduate Training for Physicians Offered

Nearly 1,500 postgraduate training courses for physicians will be offered during the coming year, it was reported recently by the American Medical Association.

The courses, a part of a continuing educational program for physicians, will be given in 34 states, the District of Columbia, and Puerto Rico.

The report, which appears in the August 15 issue of the *Journal of the American Medical Association*, lists 39 subject categories which will be taught in 149 cities during the period September 1, 1959 and

August 31, 1960. Prepared by the Council on Medical Education and Hospitals, the purpose of the annual listing is to bring together in one place information secured about postgraduate courses to be offered in the year ahead.

According to Dr. Walter S. Wiggins, council secretary, the courses have three basic functions:

—To refresh practicing physicians in the various aspects of their basic medical education.

—To provide information on new developments in medicine.

—To stimulate further educational efforts by the participants.

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## **Silicon Hair Curlers Present Occupational Disease Problem**

Silicon hair curlers may produce an invisible but terribly painful skin disease among hairdressers, two University of Pennsylvania dermatologists have warned.

Writing in the August 8 issue of the *Journal of the American Medical Association*, Drs. Walter B. Shelley and Donald M. Pillsbury said the disease consists of excessively sensitive fingertips, although the skin shows no sign of disease.

The sensitivity is due to tiny particles of silica which become embedded in the top layer of the skin, irritating the sensory nerve endings. The particles rub off silica or sand-coated hair curlers, which have replaced plastic curlers in many beauty shops.

The widespread use of these curlers suggests that such an invisible skin disease "may become common among beauticians unless efforts are taken to

eliminate this new occupational hazard," the physicians stated.

They have seen one case—in a 40-year-old woman, who first noted a marked sensitivity of the fingertips to light touch. This began on the side of the tip of the right fourth finger. Eventually all the fingertips became involved. Pain and inflammatory changes were absent, but exquisite tenderness to touch eventually forced her to stop working. At first it was thought the patient had a neurological or vascular condition. Treatment with a variety of local anesthetic and steroid creams was unavailing, the physicians said.

Finally microscopic examination of the fingertips showed the tiny particles embedded in the skin. Then the patient remembered that the condition had begun about the time she had started using sand-coated curlers instead of plastic curlers. Treatment consisted of removing the very top layer of skin by microsurgery.

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## **Council on Foods and Nutrition Symposium**

Infant feeding, with special emphasis on protein, iron, calcium and phosphorus, will be the topic of an October symposium sponsored by the American Medical Association's Council on Foods and Nutrition.

The symposium, to be Tuesday, October 27, 1959, will be held at the New York Hospital-Cornell Medical Center in New York City.

Co-sponsors are New York Hospital-Cornell Medical Center, Cornell University Graduate School of Nutrition, New York Academy of Medicine, and the Medical Society of the County of New York.

The morning session, opening at 9:30 a.m., will deal with the protein nutrition of infants. This subject was chosen, according to Philip L. White, Sc.D., secretary of the A.M.A. council, because there is still some question about the amino acid requirements during the first two years of life. The problem will be examined, with a review of current knowledge and an exploration of those areas still undefined.

The amino acid requirements of infants will be outlined by Dr. L. Emmett Holt, Jr., professor of pediatrics at New York University, while differences in amino acid content of human and cow's milk will be discussed by Dr. Harold H. Williams, professor of biochemistry and nutrition at Cornell University.

The protein allowances of premature and full-term infants will be discussed respectively by Dr. Harry H. Gordon, pediatrician-in-chief of Sinai Hospital, Baltimore, and Dr. Calvin W. Woodruff,

associate professor of pediatrics at the Vanderbilt University School of Medicine, Nashville, Tennessee.

Their presentations will be followed by a panel discussion by Dr. Moises Behar, chief of the division of clinical nutrition at the Institute of Nutrition of Central America and Panama, Guatemala City; Dr. Paul Gyorgy, professor of pediatrics at the University of Pennsylvania School of Medicine, Philadelphia, and Dr. William M. Wallace, professor of pediatrics at Western Reserve University School of Medicine, Cleveland.

The morning session will be moderated by Dr. Samuel Z. Levine, professor of pediatrics at Cornell University Medical College and pediatrician-in-chief at the New York Hospital.

The second portion of the symposium will be presented at 8 p.m., with Dr. Robert L. Jackson, professor of pediatrics, University of Missouri, Columbia, as moderator.

Because anemia is a common problem among children; the iron requirements of infants will be outlined by Dr. Irving Schulman, associate professor of pediatrics at Northwestern University, Chicago. The clinical manifestations of genetic aberrations of calcium and phosphorus metabolism will be discussed by Dr. Donald Fraser, associate professor in the department of pediatrics at the University of Toronto.

"Appetite Regulation in the Young" will be the subject of Dr. John R. Brobeck, professor of physiology at the University of Pennsylvania.

Advance registration for the symposium may be made by writing to the Council on Foods and Nutrition, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

## CLASSIFIED ADVERTISEMENTS

(Continued from Front Advertising Section, Page 54)

### LOCUM TENENS WORK WANTED

**QUALIFIED CALIFORNIA LICENSED MISSIONARY PHYSICIAN** on furlough desires to relieve or assist general practice physician from September 15 to November 15, 1959. For qualifications and references write Box 95,005, California Medicine.

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**FOR LEASE: SAN DIEGO (PACIFIC BEACH)**, new medical office. 1050 sq. ft. parking area. Separate air-conditioning. FM radio and built-ins. Call or write C. J. D'Andrea, D.D.S., 4603 Cass Street, San Diego, California. HUdson 8-0303.

**SAN JOAQUIN COUNTY.** For lease. Just completed in four-unit Medical-Dental Building, one medical suite consisting of two treatment rooms and one office, to share waiting room, laboratory, X-ray and receptionist's rooms. Thermostatically controlled filtered, refrigerated or heated air. Exceptionally beautiful building in rapidly growing community of 7,000, drawing area of 20,000. Established medical practice adjoining. Box 94,840, California Medicine.

**MEDICAL OPPORTUNITY** in Lodi, 100 miles east of Bay area. Population, 20,100—trade area 40,000. One new, two older hospitals, all busy. Excellent opportunity for two or one ethical practitioners. An 8-room suite in nearly new 3-suite building for lease. Now fully occupied by doctors and dentists. Vacancy soon. Located on fringe of business section. Drug store and other medical offices near. Inquiries kept confidential. Address: P. O. Box 92, Lodi, California.

**PALO ALTO NEW MEDICAL DENTAL SUITES NOW READY.** Alma Street and East Meadows Drive. Very attractive building on ground floor within extensive landscaped area. Ample off-street parking, and located in fast growing section away from congestion. Air conditioned. E. J. Nackord, Owner. P. O. Box 601, San Carlos. Descriptive brochure available. Telephone LY 1-0986.

**MEDICAL SUITE** available in Cambrian Medical Building, 15050 Camden Avenue, Cambrian Park, California, near the beautiful Los Gatos foothills in Santa Clara County—a rapidly expanding area. Please contact: Mrs. Katherine Oster, 79 West Catalpa Lane, Campbell, California. Telephone: FRanklin 8-7233.

**SARATOGA-CUPERTINO**—Medical suite under construction; ideal area for specialist. In modern medical dental building. Five examination rooms, consultation room, laboratory, nurses station, waiting room. Write Dante Salera, D.D.S., 18971 Greenbrook Street, Saratoga, California.

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**BEAUTIFUL ESTATE IN NAPA VALLEY**, amid virgin timber and superlative natural beauty. Master house has 14 rooms; 3 cottages; detached office. Should be investigated as a home for elderly persons, a neuropsychiatric health center, or institute treating alcoholism. James W. Osborn, Broker, 557 Sanitarium Road, St. Helena, California.

## BOOKS RECEIVED

*Books received by CALIFORNIA MEDICINE are acknowledged in this column. Selections will be made for more extensive review in the interests of readers as space permits.*

**A WAY OF LIFE AND SELECTED WRITINGS OF SIR WILLIAM OSLER**—An Unabridged and Unaltered Republication of 1951 edition Selected Writings of Sir William Osler (Oxford University Press). Paperback edition published by permission of Oxford University Press by Dover Publications, Inc., 180 Varick Street, New York 14, N. Y. 278 pages, paperback, \$1.50.

**CHARCOT, J. M.—1825-1893—HIS LIFE—HIS WORK**—Georges Guillain, M.D., Membre de L'Institut; Membre de L'Académie de Médecine. Edited and translated by Pearce Bailey, Ph.D., M.D., Director, National Institute of Neurological Diseases and Blindness; Membre Honoraire a Titre Etranger de la Société Française de Neurologie. Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers, 1959. 202 pages, \$7.00.

**DIABETIC MANUAL—10th Edition**—by Elliott P. Joslin, M.D., Sc.D.; Clinical Professor of Medicine, Emeritus, Harvard Medical School; formerly, Medical Director, George F. Baker Clinic at New England Deaconess Hospital; Consulting Physician, Boston City Hospital; Honorary President, International Diabetes Federation; Honorary President, American Diabetes Association; President, Diabetes Foundation, Inc. Lea & Febiger, Washington Square, Philadelphia 6, Pa., 1959. 304 pages, 40 illustrations, 26 tables, \$3.75.

**INTERN'S MANUAL (Cook County Hospital)—Second Edition**—Arthur Bernstein, M.D., Assistant Medical Superintendent Cook County Hospital; Clinical Associate Professor of Medicine, University of Illinois College of Medicine. The Year Book Publishers, Inc., 200 East Illinois Street, Chicago 11, 1959. 308 pages, \$3.00.

**INTRODUCTORY LECTURES IN MEDICAL HYPNOSIS** (from the October 1957 Workshop of the Society for Clinical and Experimental Hypnosis given by the Institute for Research in Hypnosis at Long Island University). Edited by Margaretta K. Bowers, M.D. Institute for Research in Hypnosis, 33 East 65th Street, New York 21, N. Y., 1958. 89 pages, \$2.50.

**MOLECULES AND MENTAL HEALTH.** Edited by Frederic A. Gibbs, M.D., Professor of Neurology, University of Illinois College of Medicine, Chicago. Published for the Brain Research Foundation by J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pa., 1959. 189 pages, \$4.75.

## Food Allergy May Cause Urinary Symptoms

Food allergy may be the cause of persistent or recurring urinary symptoms when there is little or no disease in the urinary tract, three Chicago area physicians noted.

Urinary tract allergy has been a recognized condition for nearly 40 years, but it is rarely reported and the diagnosis is often missed, they said in the July 11 issue of the *Journal of the American Medical Association*.

Frequently the condition may be misdiagnosed as cystitis, misplaced uterus, or pelvic inflammatory disease. Treatment of such conditions often gives

partial relief, but the bladder symptoms usually continue. The physicians believe that the possibility of allergy should be kept in mind in all obscure cases of cystitis, especially in persons who are otherwise allergic.

They reported one case of a woman who had exhibited urinary tract symptoms for 10 years. She also had a history of allergy. Skin tests indicated that she was sensitive to cabbage, peanuts, soybeans and filberts. When avoiding these foods her urinary symptoms disappeared. When she added them to her diet, the symptoms recurred. The authors are Drs. Donald L. and Leon Unger, Chicago, and Francis Kubik, Michigan City, Indiana.

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### PHYSICIANS PLACEMENT SERVICE

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